

# Colonial Gardens

518 Hooper Rd #282

Endwell, NY 13760

(607) 595-2086 Office | (607) 238-1151 Fax | applications@colonialgardensowego.com

## Rental Application

Separate application required from each applicant age 18 or older.

### Office Use

Address of Property to Be Rented: Barnes Creek Rd, Owego, NY 13827

Unit #: \_\_\_\_\_

Rental Term:

month-to-month

lease from \_\_\_\_\_ to \_\_\_\_\_

Amounts Due Prior to Occupancy:

First month's rent \$ \_\_\_\_\_

Security deposit \$ \_\_\_\_\_

Pet security deposit \$ \_\_\_\_\_

Credit check fee \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ Date Collected \_\_\_\_\_ Ck# \_\_\_\_\_

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### Applicant

Full Name (include all names used): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Other Identifying Information: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

Year: \_\_\_\_\_

License Plate Number/State: \_\_\_\_\_

Have you ever rented from Robert Allegro before? Yes No

If so, When and where? \_\_\_\_\_

**Additional Occupants**

List everyone, including children, who will live with you:

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Rental History**

Current Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates Lived at Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates Lived at Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

Previous Address: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Dates Lived at Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

**Employment History**

Name and Address of Current Employer: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Phone: ( ) \_\_\_\_\_

Dates Employed at This Job: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Phone: ( ) \_\_\_\_\_

Dates Employed at This Job: \_\_\_\_\_

Position or Title: \_\_\_\_\_

**Income**

1. Your gross monthly employment income (before deductions): \$ \_\_\_\_\_

2. Average monthly amounts of other income (specify sources): \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**Miscellaneous**

Describe the number and type of pets you want to have in the rental property:

\_\_\_\_\_

Describe water-filled furniture you want to have in the rental property:

\_\_\_\_\_

Do you smoke? [ ] yes [ ] no

Have you ever:

Filed for bankruptcy? [ ] yes [ ] no

Been sued? [ ] yes [ ] no

Been evicted? [ ] yes [ ] no

Been convicted/plead guilty/no contest a felony/misdemeanor? [ ] yes [ ] no

Explain any "yes" listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on parole/probation? [ ] yes [ ] no

If yes, Name and Phone # of your P.O.: \_\_\_\_\_

\_\_\_\_\_

**Personal References**

Please do not use those related to you or landlords/employers listed above.  
Use professional references you have known for more than one year.

Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Emergency Contact Information**

In case of emergency, Notify: \_\_\_\_\_

Relationship to you? \_\_\_\_\_

Phone #: \_\_\_\_\_

In case of emergency, do you need special assistance? \_\_\_\_\_

I certify that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any false or incomplete statement in this application. I authorize verification of the information provided in this application from my credit sources, current and previous landlords and employers and personal references.

Date \_\_\_\_\_ Applicant \_\_\_\_\_